FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION



| Prefix | Senai |
|--------|---------|
| DATE P | ECEIVED |
| | 1 |

| Name of Offering (check if this is an amendment | nt and name has changed, and indicate change.) | |
|---|--|--|
| Rushmore Recoveries X | | |
| Filing Under (Check box(es) that apply): Rule | 504 Rule 505 Rule 506 Section 4(6) | ULOE |
| Type of Filing: New Filing | | _ |
| *************************************** | A. BASIC IDENTIFICATION DATA | |
| 1. Enter the information requested about the issuer | | |
| Name of Issuer (check if this is an amendment a | nd name has changed, and indicate change.) | |
| Rushmore Recoveries X, LLC | | |
| Address of Executive Offices | (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| 10 New King Street, Ste 205, White Plains, NY | 10604-1205 | (914)347-1200 |
| Address of Principal Business Operations (if different from Executive Offices) | (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| Brief Description of Business | | L |
| Debt Collection | | • |
| | | |
| Type of Business Organization corporation limited | partnership, already formed 🕡 other (| please specify): |
| - · · · · · · · · · · · · · · · · · · · | partnership, to be formed | Anna a |
| | Month Year | |
| Actual or Estimated Date of Incorporation or Organiza | | mated Thomas |
| Jurisdiction of Incorporation or Organization: (Enter | | |
| CN f | or Canada; FN for other foreign jurisdiction) | |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Rushmore Recovery Management, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 543 Broadway, Monticello, NY 12701 Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address Beneficial Owner Executive Officer Check Box(es) that Apply: Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer ☐ Director Promoter Beneficial Owner Check Box(es) that Apply: General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

| | | | | | В. І | NFORMAT | ION ABOU | T OFFERI | NG | | | | |
|------------|---|--|-------------------------------|--|--|---|--|---|--|---------------------------------------|--|----------------------|----------------------|
| 1. | . Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | | | | | | Yes 🔀 | No | | | | | |
| 2. | | | | | | | | \$_25,000.00 | | | | | |
| 3. | Does th | e offering | nermit ioin | t ownershi | n of a sinc | ule unit? | | | | | **************** | Yes | No |
| <i>3</i> . | | • | | | • | - | | | | | irectly, any | X | |
| | commis If a pers or states | sion or sim on to be lis s, list the n | ilar remune sted is an as: | ration for s sociated pe roker or de | solicitation erson or age ealer. If me | of purchas ent of a brol ore than fiv | ers in conn cer or deale e (5) perso | ection with or registered ns to be list | sales of sed with the S ded are asso | curities in t SEC and/or | he offering, with a state sons of such | | |
| Ful | Name (| Last name | first, if ind | ividual) | | | | | | | | | |
| Bus | iness or | Residence | Address (N | lumber and | Street, C | ity, State, 2 | Zip Code) | | | | | | |
| Nar | ne of Ass | sociated Br | roker or De | aler | | | | | | | | | |
| Stat | es in Wh | ich Person | Listed Has | Solicited | or Intends | to Solicit | Purchasers | | | · · · · · · · · · · · · · · · · · · · | | | |
| | (Check | "All States | s" or check | individual | States) | | | | | ****** | | ☐ Al | l States |
| | AL IL MT RI | AK IN NE SC | IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | CT ME NY VT | DE MD NC VA | DC MA ND WA | FL MI OH WV | | HI MS OR WY | ID MO PA PR |
| Full | Name (| Last name | first, if ind | ividual) | | | | | | | | | |
| Bus | iness or | Residence | : Address (1 | Number an | d Street, C | City, State, | Zip Code) | | | | | | |
| Nan | ne of Ass | sociated Bi | oker or De | aler | | | | | | | | | |
| Stat | es in Wh | ich Person | Listed Has | Solicited | or Intends | to Solicit | Purchasers | | · | | | | |
| | (Check "All States" or check individual States) | | | | | | *************************************** | ☐ Al | 1 States | | | | |
| | AL | AK | [AZ] | AR | CA | CO | CT | DE | DC | FL | GA | HI | ID |
| | IL | IN | IA | KS | KY | LA | ME | MD | MA | MI | | MS | MO |
| | MT RI | NE SC | NV SD | NH TN | NJ TX | NM UT | NY VT | NC VA | ND WA | OH WV | | OR WY | PA |
| Full | | | first, if indi | | | | | | | | | | |
| | | | 11) (2 | | 1.84 | G | 7: 0 1) | | | | | | |
| Bus | iness or | Residence | Address (1 | Number an | d Street, C | ity, State, | Zip Code) | | | | | | |
| Nan | ne of Ass | ociated Br | oker or De | aler | | | | | | | | | |
| Stat | es in Wh | ich Person | Listed Has | Solicited | or Intends | to Solicit | Purchasers | | | | | | |
| | (Check "All States" or check individual States) | | | | | | l States | | | | | | |
| | AL IL MT RI | AK IN NE SC | AZ IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | CT ME NY VT | DE MD NC VA | DC MA ND WA | FL MI OH WV | OK | HI MS OR WY | MO PA PR |

| C. OFFERING I | PRICE. | NUMBER OF | F INVESTÖRS. | EXPENSES | AND USE | OF PROCEEDS |
|---------------|--------|-----------|--------------|----------|---------|-------------|
|---------------|--------|-----------|--------------|----------|---------|-------------|

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check | | |
|----|--|-----------------|----------------|
| | this box and indicate in the columns below the amounts of the securities offered for exchange and | | |
| | already exchanged. | Aggregate | Amount Already |
| | Type of Security | Offering Price | Sold |
| | Debt | § 0.00 | \$ 0.00 |
| | Equity | | \$ 0.00 |
| | Common Preferred | | |
| | Convertible Securities (including warrants) | § 0.00 | 0.00 \$ |
| | Partnership Interests | | \$ 0.00 |
| | Other (Specify) | | \$ 0.00 |
| | Total | \$ 5,000,000.00 | \$ 0.00 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | ~ | Ÿ |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this | | |
| ۷. | offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate | | |
| | the number of persons who have purchased securities and the aggregate dollar amount of their | | |
| | purchases on the total lines. Enter "0" if answer is "none" or "zero." | | Aggregate |
| | | Number | Dollar Amount |
| | | Investors | of Purchases |
| | Accredited Investors | | \$ 0.00 |
| | Non-accredited Investors | | \$_0.00 |
| | Total (for filings under Rule 504 only) | 0 | \$_0.00 |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. | | |
| | | Type of | Dollar Amount |
| | Type of Offering | Security | Sold |
| | Rule 505 | N/A | \$_0.00 |
| | Regulation A | N/A | \$_0.00 |
| | Rule 504 | N/A | \$_0.00 |
| | Total | | \$_0.00 |
| 4 | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| | Transfer Agent's Fees | | \$0.00 |
| | Printing and Engraving Costs | | \$_600.00 |
| | Legal Fees | | \$ 10,000.00 |
| | Accounting Fees | | \$_0.00 |
| | Engineering Fees | | \$ 0.00 |
| | Sales Commissions (specify finders' fees separately) | | \$ 0.00 |
| | Other Expenses (identify) | | \$ 0.00 |
| | Total | | § 10,600.00 |

| ا جھائی | C OFFERING PRICE NUMBER | ber of investors, expenses and use of | KOCETA. | , central () |
|------------|---|--|--|--|
| ٠ | b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer." | Question 4.a. This difference is the "adjusted gross | i | 4,989,400.00 \$ |
| • | Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part | y purpose is not known, furnish an estimate and The payments listed must equal the adjusted gross | | |
| | | | Payments to Officers, Directors, & Affiliates | Payments to Others |
| | Salaries and fees | | \$ 0.00 | \$ 0.00 |
| | Purchase of real estate | | \$ <u></u> \$ | 0 \$ 0 |
| | Purchase, rental or leasing and installation of mac | hinery | s 0.00 | S 0.00 |
| | Construction or leasing of plant buildings and fac | | | S 0.00 |
| | Acquisition of other businesses (including the val offering that may be used in exchange for the asse issuer pursuant to a merger) | ts or securities of another | _ s_0.00 | \$ 0.00 |
| | Repayment of indebtedness | | □ \$ <u>0.00</u> | \$ 0.00 |
| | Working capital | | | \$ 4,989,400.00 |
| | Other (specify): | | □ \$ <u>0.00</u> | \$ 0.00 |
| | | | \$_0.00 | \$_0.00 |
| | Column Totals | | □ \$_0.00 | S 4,989,400.00 |
| | Total Payments Listed (column totals added) | | □ \$ <u>4</u> | ,989,400.00 |
| . (| 了一位大型的海外最大的海岸海道自 | TO BE DEBOX SIGNATURE | · 清樹 李 南 李 | "我看你是我们 |
| ig | e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc | nish to the U.S. Securities and Exchange Commi | ssion, upon writte | ale 505, the following on request of its staff, |
| SS' | uer (Print of Type) | Signature | Daxe | |
| | shmore Recoveries X, LLC | | 121-1 | -05 |
| Į2 | me of Signer (Print or Type) | Title of Signer (Print or Type) | t+ | |
| | Kerry late | Managing Member | | |

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

NO. 511 P. 18

| | <u> </u> | |
|---------|--|---|
| | | RESINTESIGNATURES TO THE PARTY OF THE PARTY |
| 1. | • • • |).262 presently subject to any of the disqualification Yes No |
| | | See Appendix, Column 5, for state response. |
| 2. | The undersigned issuer hereby underta D (17 CFR 239.500) at such times as | akes to furnish to any state administrator of any state in which this notice is filed a notice on Form required by state law. |
| 3. | The undersigned issuer hereby under issuer to offerees. | takes to furnish to the state administrators, upon written request, information furnished by the |
| 4. | limited Offering Exemption (ULOE) | at the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform of the state in which this notice is filed and understands that the issuer claiming the availability stablishing that these conditions have been satisfied. |
| | uer has read this notification and knows t thorized person. | he contents to be true and has duly caused this notice to be signed on its behalf by the undersigned |
| ssuer (| Print or Type) | Signature Date |
| lushm | ore Recoveries X, LLC | 4-1-05 |
| lame (| Print of Type) | Title (Print or Type) |
| , | Karal Labor | Managing Member |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.